



Title: **Medical Affirmative Claims (MAC) Billing
- Army**

Session: **W-2-1100**



Objectives

- Medical Affirmative Claim (MAC) Guidance
- Statutory Authority
- What is a MAC and who is eligible
- MAC collections
- Responsibility
- Calculating MAC charges outpatient and inpatient
- FMCRA vs. 10 USC 1095
- Procedures for entering patients' information into TPOCS



MAC Guidance

- AR 27-20 CHAPTER 14
- AR 40-400, CHAPTER 13
- DoD 6010.15-M November 9, 2006
- DoD Uniform Business Office (UBO) User Guide dated 10 July 2009
- Information paper dated 10 July 2009
 - MEDCOM (UBO)



Statutory Authority

- Title 42 U.S.C. § 2651-2653 and the coordination of benefits act, 10 U.S.C. §§1095-1095b.
- Federal Medical Care Recovery Act (FMCRA): U.S. Government right to recover the reasonable value of care provided at government expense resulting in an injury or illness creating a tort liability upon some third party person
- 10 USC 1095 provides authority for Military Treatment Facility (MTF) to collect the reasonable cost for care



What Is a MAC and Who Is Eligible

- A Military program that primarily addresses claims for the recovery of the reasonable value of medical care furnished by an MTF, including TRICARE subcontracted providers
- Any Military beneficiaries, including Active Duty, resulting an injury or illness incurred under circumstances creating a tort liability upon a third party



MAC Collections

- MAC collections from all forms of tort liability or contractually based insurance to include lost time of an service member
 - Automobile, motorcycle, boat, and airplane
 - Slips and falls
 - On-premise accidents
 - Workers compensation (other than Federal employees) medical care reimbursement for employment related to an injury
 - Product or equipment malfunctions or failures
 - Medical malpractice by a civilian provider



Responsibility

- Recovery Judge Advocate (RJA): Responsible for asserting, pursuing, and settling claims
- MAC biller: Reviews the injured party's medical record, and generates applicable claims
- MTF Clinic: Uses MAC enhancement application to assist in identifying patient with injuries
- Coders: Ensures accuracy of coding and verifies the encounter is in coding compliance guidelines



Calculating MAC Charges

- Rates are approved by Office of Management and Budget (OMB) and published in the Federal Register (FR)
- Outpatient: MTFs must use approved rates by OMB based on dates of service (slide 9)
- Inpatient: MTFs must use adjusted standardized amounts (ASA) approved rates by OMB on dates of service (slide 10)
- Prescription drugs rates are not affected by OMB publishing delays; use current rates



MAC Tort Liability Rates Effective Date - Outpatient

DOS FROM - TO	DOD RATE TABLE	FEDERAL REGISTER
EFF DATE IN FR 01 MAY 03 - 20 NOV 07	CY 03 (0 1 MAY 03)	68 FR 62104
FR DTD 21 NOV 07 - 24 NOV 08	CY 07 (30 JUN 07)	72 FR 65629
FR DTD 25 NOV 08 - 14 DEC 09	CY 08 (07 JUL 08)	73 FR 71706
FR DTD 15 DEC 09 - 30 JUN 10	CY 09 (01 JUL 09)	74 FR 66379



MAC Tort Liability Rates Effective Dates - Inpatient

DOS FROM - TO	DoD ASA	Federal Register
FR DTD 01 OCT 02 - 05 MAR 08	FY 03 (01 OCT 02) ASA	67 FR 72987
FR DTD 06 MAR 08 - 14 JAN 09	FY 08 (01 OCT 07) ASA	73 FR 12226
FR DTD 15 JAN 09 - 04 MAY 10	FY 09 (01 OCT 08) ASA	74 FR 2636
FT DTD 05 MAY 10 - 01 OCT 10	FY 10 (01 OCT 09) ASA	75 FR 24754



FMCRA vs. 10 USC 1095

- RJA should inform the MTF under which authority the claim will be made 10 USC 1095 or FMCRA 42, USC 2651-2654
- MAC claims that are asserted against third party payer, such as auto, PIP, medical coverage, or auto liability insurance. The recovery authority is concurrently 10 USC 1095 and FMCRA
- FMCRA is the recovery authority for MAC claims that will be asserted against a non-auto liability third party payer in cases such as medical malpractice, slip and fall, or directly against the tortfeasor



Procedures For Entering Patients Information into TPOCS

- Use the mini registration demographic from CHCS (slide 13)
- Fill in Patients & Policies link (slide 14, 15, and 16)
- Patient ID for MAC, (i.e., 99 and the patient's social security number (SSN))
- SSN: I use a pseudo SSN (000-01-2345)



CHCS Mini Registration

CHCS - Reflection for UNIX and OpenVMS

File Edit Connection Setup Macro Window Help

Patient: TEST, [REDACTED] Mini Registration
FMP/SSN: [REDACTED] DOB: 26Apr79 PATCAT: A41 Sex: F

Patient: [REDACTED] DOB: 26 Apr 1979
PATCAT: A41 (USA FAM MBR AD) FMP: 30
Home Phone: 9036669465 W: [REDACTED] SSN: [REDACTED]
Patient Addr: 96 Upside Down Place Sex: FEMALE
City: COLORADO SPRINGS St/Cntry: CO Zip: 80912

Sponsor: TEST, [REDACTED] Service: ARMY
FMP: 20 Sex: MALE Sponsor SSN: [REDACTED]
PATCAT: A12 (USA AD RES ENLISTED) DOB: 03 Jul 1978
Command Sec: Rank: CORPORAL
Local UIC: 0082 IN BN 02 ENG CO (WJLKA0)
Duty Address: **THIS IS A TEST PATIENT ONLY*
City: DENVER St/Cntry: CO Zip: 80205
Duty Phone: DSN: [REDACTED]

O/P Rec Loc: OUTPATIENT RECORDS - WHMC
O/S Rec Loc:
Primary Phy:
Reg Comment: **THIS IS A TEST PATIENT ONLY**

Help = HELP Exit = F10 File/Exit = DO INSERT OFF
Personal Data - Privacy Act of 1974 (PL 93-579)



TPOCS Patients & Policies

(1.0) TPOCS - Itemized Billing

File Edit Data Patients Billing Accounting Reports Tools Window Help

Insert Save Delete Sort Query Stop Q... First Previous Next Last Help To... Close

(2.1.1) Patients & Policies

Enter a New or Existing Patient ID: Name: TEST, [?]

Patient Policies Links

Patient

System ID: Last Name: TEST DOB: 04/26/1979 First Name: Category: A41 MI: \$ Gender: FEMALE Suffix: Status: UNKNOWN SSN: 000-01-2345 Sponsor SSN:

Address

Street: 96 UPSIDE DOWN PLACE City: COLORADO SPRINGS State: CO Zip: 80912 Work: Ext: Home: Country: US

Remarks:

Entry User: [REDACTED] Date: MAC Type: INSERT Entry Date: 01/24/2011



TPOCS Patients & Policies

(1.0) TPOCS - Itemized Billing

File Edit Data Patients Billing Accounting Reports Tools Window Help

Insert Save Delete Sort Query Stop Q First Previous Next Last Help To... Close

(2.1.2) Patients & Policies

Enter a New or Existing Patient Name: TEST, ?

Patient **Policies** **Links**

Family Policy 1 of 1

Policy Number Policy ID L21701 Claim Filing Code AM

Group Number Policy Eff. Dates 10/02/2002 to 00/00/0000

Group Name Policy Category MAC

BIN PCN Insurance Type UNKNOWN UNKNOWN INSURANCE TYPE

Insurance Company ID 01090803 Insu. Co. Name / Contact No MEDICAL AFFIRMATIVE CLAIM (B)

Policy Holder SSN Name S TEST

Policy Holder DOB 04/26/1979 Address Gender FEMALE

Policy Holder City / State / Zip Code / Country Code US

Insured Thru Employer ☐ Employer Name

Employer Contact Employer Address 1

Contact Phone / Ext Employer Address 2

Employer City / State / Zip Code / Country Code US

Coverage Type: COMPREHENSIVE MEDICAL Coverage Payer Type: BOTH INSTITUTIONAL AND PROFES

Policy Remarks



TPOCS Patients & Policies

(1.0) TPOCS - Itemized Billing

File Edit Data Patients Billing Accounting Reports Tools Window Help

Insert Save Delete Sort Query Stop Q... First Previous Next Last Help To... Close

(2.1.3) Patients & Policies

Enter a New or Existing Patient ID: 99 Name: TEST ?

Patient Policies Links

Sequence Policy Information Policy Holder Information

Policy Number: [dropdown] Holder SSN: [dropdown] Inactive Dt: 00/00/0000

Insurance Co: MEDICAL AFFIRMATIVE CLAIM (MAC) FMP: 99 ALL OTHERS

Start Date: 10/02/2002 End Date: 00/00/0000 Relation Code: 00 UNKNOWN

Card Holder ID: [dropdown] Coverage Type: COMPREHENSIVE MEDICAL Coverage Payer Type: BOTH INSTITUTIONAL



Q&A

- What is the Statutory Authority to bill a MAC?
- Who's responsibility is it to inform the MTF which Statutory Authority to bill a MAC?
- Rates are approved by who?